

2. PERSONS ENTITLED TO NOTICE of this matter as required by the Court and under Arizona law, A.R.S. 12-2451. If **applicable**, check the box for "Parental Rights Terminated by Court Order" or "Deceased." If "Deceased", attach proof such as death certificate or obituary notice.

MOTHER

Name:

☐ Deceased ☐ Parental Rights Terminated by Court Order

Mailing Address:

City, State, Zip Code:

Day/Evening Telephone: _____ / _____

FATHER

Name:

☐ Deceased ☐ Parental Rights Terminated by Court Order

Mailing Address:

City, State, Zip Code:

Day/Evening Telephone () / ()

LEGAL GUARDIAN Name:

☐ Deceased

Mailing Address:

City, State, Zip Code:

Day/Evening Telephone () / ()

LEGAL GUARDIAN Name:

☐ Deceased

Mailing Address:

City, State, Zip Code:

Day/Evening Telephone () / ()

3. I CURRENTLY HAVE ONE OR MORE LEGAL GUARDIANS BECAUSE: Explain what happened to cause someone to request be appointed your guardian or the reasons or circumstances that caused the Court to appoint your guardian(s).

FACTS TO SUPPORT MY REQUEST FOR EMANCIPATION: The following answers and statements explain how I will handle my financial, personal, and social affairs, provide for my own food, housing and medical care, maintain my educational or vocational training and my employment situation.

4. My Street Address

City, State, Zip Code

I have been living there since: (month/date/year)

5. I live there with (name and relationship of all persons, including children): _____

6. a. ☐ I attend (name of school) _____ and I am in the _____ grade.

b. ☐ I am NOT in school. The highest grade of education I have completed is _____ grade.

c. My plans concerning education or job training are as follows: _____

7. a. ☐ I am not receiving public assistance or TANF and I do not intend to apply for either.

b. ☐ I am receiving public assistance or TANF. The monthly amount received is: \$ _____

c. ☐ I have applied for or intend to apply for public assistance or TANF.

8. a. ☐ I am currently employed by: (List name, address, and contact phone number for employers.)

Employer # 1 (Attach pay stub)	Employer # 2 (Attach pay stub)
_____	_____
_____	_____
_____	_____

Job Title: _____ Job Title: _____

I started work: for Employer #1: (month/year) _____ Employer #2: _____

b. ☐ I am NOT currently employed.

I last worked from: (starting month, year) _____

To: (ending month and year) _____

My gross monthly earnings (before taxes or other deductions) were: \$ _____

9. My average gross monthly income (annual amount divided by 12) is shown below. Amount

a. Salary / Wages, including bonuses and overtime, **before taxes or other deductions** \$

b. Money received from others (list name, your relationship to those persons and amounts (below))

Name, Relation: _____ \$

Name, Relation: _____ \$

c. Social Security *Survivor* Benefits (received due to death of a parent)

\$ _____

- d. **Social Security *Disability* Benefits** \$ _____
- e. **Child Support *Received* for MY child(ren)** \$ _____
- f. **Other source of income** (specify source) _____ \$ _____
- g. **TOTAL MONTHLY INCOME:** (Add 9 a-f) \$ _____

10. I have the following assets (things of value that I own):**Value**

- a. **Cash** \$ _____
- b. **Checking Account(s)** (total, if more than one) \$ _____
- c. **Savings Account(s)** (total, if more than one) \$ _____
- d. **Stocks, Bonds** \$ _____
- e. **Trust Fund(s)** (total, if more than one) \$ _____
- f. **Vehicle** (Year, Make, and Model) _____ \$ _____
- g. **Other** (specify) _____ \$ _____
- h. **TOTAL VALUE OF ASSETS:** (Add 10 a-g) \$ _____

11. I have the following monthly expenses:**Amount**

- a. **Housing** \$ _____
- b. **Food** (groceries plus dining out) \$ _____
- c. **Clothing** \$ _____
- d. **Utilities** (phone plus electric, gas, cellular, water & sewer) \$ _____
- Medical**
1. (insurance) \$ _____
2. (doctor, dentist, hospital, urgent care) \$ _____
3. (prescription medications) \$ _____
- e. **Total Medical Expenses** (add 1-3, carry to right column) \$ _____
- f. **Transportation** (public transit, bus and taxi) \$ _____
- Vehicle**
1. (monthly payments) \$ _____
2. (insurance) \$ _____
3. (fuel/gasoline) \$ _____
4. (service, maintenance and repair) \$ _____
- g. **Total Vehicle Expenses** (add 1-4, carry to right column) \$ _____
- h. **Child Support *Paid* for my children** (Amount I pay to someone else) \$ _____
- i. **Other** (specify) _____ \$ _____
- j. **TOTAL MONTHLY EXPENSES:** (Add 11 a-i) \$ _____

12. I will provide for my health care through ☐ insurance through employer ☐ AHCCS ☐ Other

If "Other", explain: _____

13. **At least one of the following is included with this request:** (*At least one box must be checked; you may check and attach more than one to further support your request.*)

- ☐ Attached is documentation that I have been living on my own for at least three consecutive months
- ☐ Attached is a statement explaining why I believe the home of my parent(s) or legal guardian(s) is NOT a healthy or safe environment:
- ☐ Attached is a notarized statement by one or more of my parent(s) and/or legal guardian(s) that contains written consent to my emancipation and explanation.

14. I am aware that the Court may refer me and any parent or guardian to mediation.
(optional) ☐ I believe mediation is **not appropriate** because of family violence or:

REQUESTS TO THE COURT

I REQUEST THE COURT ENTER AN ORDER FOR MY EMANCIPATION.

OATH OR AFFIRMATION OF MINOR PETITIONING FOR EMANCIPATION

I swear or affirm that I have read this document and that the contents are true and correct to the best of my knowledge, information, and belief, under penalty of law.

Signature of Minor

Month/Date/Year

Signed and sworn to or affirmed before me this date: _____

Michael K. Jeanes, Clerk of Superior Court

Notary

OR By:

My Commission Expires: _____

Deputy Clerk